

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/14/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G040		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/16/2013	
NAME OF PROVIDER OR SUPPLIER  ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 53RD AVE GARY, IN 46410			
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W000000	<p>This visit was for the post certification revisit to the investigation of complaint #IN00123154 conducted on March 15, 2013.</p> <p>Complaint #IN00123154: Corrected.</p> <p>Unrelated deficiencies: Not Corrected.</p> <p>Dates of survey: May 7, 8, 9, 10 and 16, 2013.</p> <p>Facility number: 000597 Provider number: 15G040 AIM number: 100233420</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/21/13 by Ruth Shackelford, QIDP.</p>			W000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the facility's governing body failed to exercise operating direction over the facility for 1 of 2 sampled clients (client A), to provide oversight of the facility's nursing services to meet the needs of client A in regard to monitoring the client's healthcare needs, implementing written policy and developing a risk plan specific to meet the identified health care needs of client A.</p> <p>Findings include:</p> <p>Please refer to W149. The governing body failed to exercise operating direction over the facility to implement written policy and procedures. The governing body neglected to ensure nursing services met the health care needs of client A.</p> <p>Please refer to W331. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services met</p>	W000104	Methods for monitoring diabetes, notifying physicians, and filing nursing assessment have been modified. Please refer to tags W149, W331, and W336.	05/30/2013			

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	<p>client A's healthcare needs in regard to monitoring the client A's health needs and developing a risk plan specific to meet the health care needs of client A.</p> <p>This deficiency was cited on 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>						

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 1 of 2 sampled clients (client A), the facility neglected to implement written policy and procedures. The facility neglected to ensure nursing services met the health care needs of client A.</p> <p>Findings include:</p> <p>A review of client A's record was conducted at the facility's administrative office on 5/8/13 at 3:30 P.M.. Review of client A's medical record indicated the following:</p> <p>A review of client A's 5/1/13 Physicians Order indicated staff are to contact her physician when blood glucose readings are below 80 and over 300.</p> <p>-Nursing notation dated 4/22/13: "I was called to workshop because [client A]'s blood sugar was low. Upon arrival I found her to be alert and oriented to the situation. [Health Safety Tech name] (HST) was having her take sips of pop. [Client A] said [HST name] was helping her out with her blood sugar. [Client A] had no complaints of dizziness. She was</p>		W000149	<p>Client A's physician was notified of the low readings on 4/30/13, 5/6/13, and 5/28/13. Client A's risk plan will be revised to reflect physician recommendations by the team to ensure measures put in place are still appropriate by 6/15/13.</p> <p>The IDT team will review all risk plans for all clients to determine if any changes need to be made. The Community Services Nurse will then train staff on any changes as applicable.</p>		06/15/2013	

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	<p>not cold or clammy. [Client A] stated multiple times she was fine. Blood sugar tested at 61 and was allowed to leave HST office. [Client A] then sat at a table and pulled out a jello and began to eat." No further documentation was submitted for review to indicate client A's physician was contacted in regards to this nursing notation.</p> <p>-Nursing notation dated 5/6/13: "Workshop reported abnormal behaviors, confusion noted. BS (blood sugar) at 11:20 was 20. Nurse at workshop assisting with giving client a soda pop at lunch. Writer contacted [Doctor name] with BS reading. BS reading at 11:50 A.M. 166. EMTs (Emergency Medical Techs) arrived to transport to ER, resident refused ER. Resident aware of place, time and self. No confusion noted. Direct Support Professional (DSP) at group home instructed to monitor BS readings. At 8:20, 52 juice given. At 9:15 102, 7:00 A.M., before Amaryl 2 mg (milligram) dose BS read at 97. At workshop 10 AM 208, MD notified. BS at 3:31 166. MD orders to discontinue Amaryl at HS (bedtime). Will continue to monitor."</p> <p>An interview with the Behavior Healthcare Director (BHCD) was conducted on 5/10/13 at 4:45 P.M.. The</p>						

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	<p>BHCD indicated the agency was working to resolve client A's lack of healthcare oversight for client A's health care needs. The BHCD indicated client A did not have documented monitoring of her health care status.</p> <p>A review of the facility's "Policy for Handling Cases of Neglect and Abuse" dated 12/20/06 was completed at the facility's administrative office on 5/10/13 at 3:30 P.M., and indicated: "In order to protect the general welfare of the clients, ARC Northwest Indiana has in effect the following policy with regard to abuse, neglect or exploitation of clients by agency staff...prohibits all abuse, neglect and exploitation of our clients...Staff will immediately report any allegations of abuse, neglect or exploitation of our clients per agency reporting procedure...Neglect is defined as knowingly placing a client in a situation that poses a threat to his/her health and well being...Examples include, but are not limited to, depriving a client of food, clothing, shelter or medical care."</p> <p>This deficiency was cited on 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>						

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on interview and record review, for 1 of 2 sampled clients (client A), the facility's nursing services failed to meet the needs of the client in regard to monitoring the client's health needs and developing a risk plan specific to meet the health care needs of client A.</p> <p>Findings include:</p> <p>A review of client A's record was conducted at the facility's administrative office on 5/8/13 at 3:30 P.M.. Review of client A's medical record indicated the following:</p> <p>A review of client A's 5/1/13 Physicians Order indicated staff are to contact her physician when blood glucose readings are below 80 and over 300.</p> <p>-Nursing notation dated 4/22/13: "I was called to workshop because [client A]'s blood sugar was low. Upon arrival I found her to be alert and oriented to the situation. [Health Safety Tech name] (HST) was having her take sips of pop. [Client A] said [HST name] was helping her out with her blood sugar. [Client A] had no complaints of dizziness. She was</p>		W000331	<p>Staff will fax in the MAR daily so that the Community Services Nurse can review Client A's blood sugar readings on a daily basis by 6/15/13. The Community Services Nurse will review these blood sugars and make contact with Client A's physician as necessary. In the event an MAR is not received, the Community Services Nurse will contact the Area Manager to follow up with staff. Additionally a Journal will be implemented by 6/15/13 which is to include blood sugar readings, and interventions, intake and applicable behavioral observations. The Community Services Nurse will review this journal weekly. The Director of Health Services will monitor that the nursing staff is receiving this information in a timely manner through weekly audits of the information for three months and then monthly thereafter. To ensure future compliance, the IDT team will meet to discuss which clients have medical conditions that require regular monitoring. A process will then be put in place to determine how these conditions will be monitored, how often, and when they will be reviewed by the Nurse. This process will then be placed into client specific risk plans to ensure that appropriate medical care is</p>		06/15/2013	



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	<p>not cold or clammy. [Client A] stated multiple times she was fine. Blood sugar tested at 61 and was allowed to leave HST office. [Client A] then sat at a table and pulled out a jello and began to eat." No further documentation was submitted for review to indicate client A's physician was contacted in regards to this nursing notation.</p> <p>-Nursing notation dated 5/6/13: "Workshop reported abnormal behaviors, confusion noted. BS (blood sugar) at 11:20 was 20. Nurse at workshop assisting with giving client a soda pop at lunch. Writer contacted [Doctor name] with BS reading. BS reading at 11:50 A.M. 166. EMTs (Emergency Medical Techs) arrived to transport to ER, resident refused ER. Resident aware of place, time and self. No confusion noted. Direct Support Professional (DSP) at group home instructed to monitor BS readings. At 8:20, 52 juice given. At 9:15 102, 7:00 A.M., before Amaryl 2 mg (milligram) dose BS read at 97. At workshop 10 AM 208, MD notified. BS at 3:31 166. MD orders to discontinue Amaryl at HS (bedtime). Will continue to monitor."</p> <p>A request for client A's day program blood glucose readings was made on 5/10/13 at 4:30 P.M.. Review of client</p>		<p>given to all clients.6/5/13<b>This facility was not cited at W240</b> The Community Services Nurse in conjunction with the Service Coordinator will revise this client Health risk plan. The Community Services Nurse will train all staff on the plan; any new staff working with the consumer will be trained prior to being assigned to the client. Nursing staff will observe meal time, med administration, documentation review of the MAR, blood sugar readings and her journal, risk plans, signs and symptoms of hypoglycemia and hyperglycemia for one month and retrain as needed. If the client's blood sugar is under 60, staff will give 4oz of orange juice or 4oz of pop or 1 cup of milk. If blood sugar is greater than 250 mg/dl, the client will receive Amaryl 2mg tab @ HS. If blood sugar is greater than 400 mg/dl, staff will call 911 then notify the Nurse. Staff will fax in the MAR daily so that the Community Services Nurse can review Client A's blood sugar readings on a daily basis by 6/15/13. The Community Services Nurse will review these blood sugars and make contact with Client A's physician as necessary. The Nurse will document any Recommendations made by the client's physician in the client's medical file. The Nurse will then email, call, and fax a memo to the group home detailing the Doctor's recommendations or changes to</p>				

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	<p>A's day program blood glucose readings indicated: "Medication Administration Record dated April 2013 and May 2013... [Client A] check BS before lunch...11:00 A.M. 4/1-34, 4/2-39, 4/3-20, 4/4-185, 4/5-97, 4/8-71, 4/9-34, 4/10-21, 4/11-54, 4/12-52, 4/15-105, 4/16-86, 4/17-40, 4/18-64, 4/19-105, 4/22-32, 4/23-53, 4/24-64, 4/25-90, 4/29-29, 4/30-50...5/1-20, 5/2-23, 5/3-78, 5/6-20, 5/7-160, 5/8-246, 5/9-43, 5/10-72." No documentation was available for review to indicate the facility's nursing services monitored client A's blood glucose levels or contacted her physician in regards to her readings.</p> <p>An interview with the nurse was conducted on 5/10/13 at 4:45 P.M.. The nurse indicated there was no documentation available for review to indicate the facility's nursing services monitored client A's blood glucose readings. The nurse further indicated there was no documentation to indicate client A's physician was contacted in regards to her low blood glucose readings.</p> <p>This deficiency was cited on 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>the risk plan. The Nurse will then continue to review blood sugar readings on a daily basis to determine if the Doctor's recommendations were effective. In the event an MAR is not received, the Community Services Nurse will contact the Area Manager to follow up with staff. Additionally a Journal will be implemented by 6/15/13 which is to include blood sugar readings, and interventions, intake and applicable behavioral observations. The Community Services Nurse will review this journal weekly. The Director of Health Services will monitor that the nursing staff is receiving this information in a timely manner through weekly audits of the information for three months and then monthly thereafter To ensure future compliance, the IDT team will meet to discuss which clients have medical conditions that require regular monitoring. A process will then be put in place to determine how these conditions will be monitored, how often, and when they will be reviewed by the Nurse. This process will then be placed into client specific risk plans to ensure that appropriate medical care is given to all clients. 6/11/13If the client's blood sugar is under 60 or over 400, the staff is to contact the Community Services Nurse by phone. If outside of normal business hours staff will utilize the nurse on call phone. The</p>				

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				<p>community services nurse in conjunction with the service coordinator will revise this client Health risk plan. The community service nurse will train all staff on the plan; any new staff working with the consumer will be trained prior to being assigned to the client. The community services nurse will also train on the risk plans annually. This training will involve modeling, and return demonstrations of all skills required to implement the plan. The Nurse will document any Recommendations made by the client's physician in the client's medical file. The nurse will then email, call, and or fax a memo to the group home detailing the Doctor's recommendations or changes to the risk plan. Any changes to documentation will be faxed back to the nurse for confirmation of accuracy. Training forms will be utilized and require staff signature to verify their understanding, any significant changes will be addressed via the method identified above. The Nurse will then continue to review blood sugar readings on a daily basis to determine if the Doctor's recommendations were effective</p>			

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W000336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview for 1 of 2 sampled clients (client B), the facility's nursing services failed to conduct quarterly nursing assessments of client B's health status and medical needs.</p> <p>Findings include:</p> <p>A review of client B's record was conducted at the administrative office on</p>	W000336	<p>Quarterly Nursing Assessments was completed on 3/25/13 however it was misfiled. This document has been located and returned to the client file. To ensure future compliance the quarterly physical assessment was revised 4/13 as was the tracking system for these assessments. The Director of Health Services will audit these tracking sheets on a monthly basis to ensure client B and all other clients receive a quarterly assessment.</p> <p>In addition to ensuring that the quarterly physical assessments are appropriately filed, the Service Coordinator will review all clients' master files monthly for three months and then periodically thereafter.</p>		05/30/2013		

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W009999	<p>5/8/13 at 12:15 P.M.. Client B's record indicated "Nursing Quarterly" assessments on 10/17/12, 7/3/12, and 4/12/12. No Nursing Quarterly was available for review after 10/17/12. Client B's 7/19/12 Individual Support Plan (ISP) indicated client B's diagnoses included, but were not limited to, Osteoarthritis knees and Hips, Prader Willi Syndrome, Seizure Disorder, and Anxiety.</p> <p>An interview with the nurse was conducted on 5/10/13 at 4:25 P.M. The nurse indicated no nursing quarterly assessment of client B's healthcare needs was available for review.</p> <p>This deficiency was cited on 3/15/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		W009999	No tag is cited.		05/30/2013	